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| Fill in this information to identify your case: | | |
|---|-------------------------------|----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this a amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Carolina First name B. Middle name De Leon Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-2627 | |

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| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 227 Miner St | If Debtor 2 lives at a different address: |
| | | Bensenville, IL 60106 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | DuPage | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Debtor 1 Carolina B. De Leon

Case number (if known)

| ar | t 2: Tell the Court About | our E | Bankruptcy Ca | se | | | | | | |
|------------|---|-----------|-------------------------------|-------------------------------------|---|--------------------------------|--|--|--|----------|
| 7. | The chapter of the Bankruptcy Code you are | | | | n of each, see <i>No</i> of page 1 and che | | | 342(b) for Individuals Filing for Bankruptcy | | |
| | choosing to file under | Chapter 7 | | | | | | | | |
| | | | Chapter 11 | | | | | | | |
| | | | Chapter 12 | | | | | | | |
| | | | Chapter 13 | | | | | | | |
| | | | | | | | | | | |
| 3. | How you will pay the fee | | about how yo | u may pay. Ty attorney is sub | pically, if you are | paying the fe | ee yourself, you m | rk's office in your loc ay pay with cash, ca ney may pay with a c | shier's check, or n | noney |
| | | | | | stallments. If you nts (Official Form | | option, sign and a | ttach the Application | n for Individuals to | Pay |
| | | | but is not requapplies to you | uired to, waive ir family size a | your fee, and mand you are unable | ay do so only le to pay the | if your income is I fee in installments | re filing for Chapter ess than 150% of th). If you choose this B) and file it with you | e official poverty li option, you must f | ine that |
|) . | Have you filed for bankruptcy within the | ■ N | 0. | | | | | | | |
| | last 8 years? | ΠY | es. | | | | | | | |
| | | | District | | | | | Case number | | |
| | | | District | | | When | | Case number | | |
| | | | District | | | When | | Case number | | |
| 10. | Are any bankruptcy | ■ N | 0 | | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | □ Y | es. | | | | | | | |
| | affiliate? | | | | | | | | | |
| | | | Debtor | | | When | | Relationship to you Case number, if kno | | |
| | | | District Debtor | | | wilen | | Relationship to you | | |
| | | | District | | | When | | Case number, if kno | | |
| | | | 2.001 | | | | | | ····· <u></u> | |
| 11. | Do you rent your residence? | ■ N | o. Go to li | ne 12. | | | | | | |
| | | ПΥ | es. Has yo | ur landlord ob | tained an evictior | n judgment ag | gainst you? | | | |
| | | | | No. Go to line | 212. | | | | | |
| | | | | Yes. Fill out Inthis bankrupto | | About an Evic | tion Judgment Aga | ainst You (Form 101 | A) and file it as pa | ırt of |
| | | | | | | | | | | |

| | 0030 10 20011 | D00 ± | 1 1100 00/01/10 | Littered 03/01/10 10:11:20 | DC30 Maii |
|----------|---------------------|-------|-----------------|----------------------------|-----------|
| | | | Document | Page 4 of 59 | |
| Debtor 1 | Carolina B. De Leon | | | Case number (if known) | |

| Par | Report About Any Bu | sinesses | You Owr | as a Sole Proprieto | r | | | | |
|------|---|------------------------|---|--|---|--|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | | | |
| | | ☐ Yes. | Yes. Name and location of business | | | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | Number, Street, City, State & ZIP Code | | | | | |
| | it to this petition. | | Chec | k the appropriate box | to describe your business: | | | | |
| | | | | Health Care Busine | ss (as defined in 11 U.S.C. § 101(27A)) | | | | |
| | | | | Single Asset Real E | Estate (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | | | Stockbroker (as def | fined in 11 U.S.C. § 101(53A)) | | | | |
| | | | | Commodity Broker | (as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | | None of the above | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | s. If you in is, cash-f i.C. 1116 | ndicate that you are a low statement, and fed (1)(B). | ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure | | | | |
| | For a definition of small | ■ No. | I.S.C. 1116(1)(B). I am not filing under Chapter 11. | | | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | s debtor, see 11 | | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | | |
| | | ☐ Yes. | I am i | iling under Chapter 1 | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| Part | Report if You Own or | Have Any | Hazardo | ous Property or Any | Property That Needs Immediate Attention | | | | |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? | ■ No. | What is | the hazard? | | | | | |
| | Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where i | s the property? | Number, Street, City, State & Zip Code | | | | |
| | | | | · | , , | | | | |

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Debtor 1 Carolina B. De Leon

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

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Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Page 6 of 59 Case number (if known) Debtor 1 Carolina B. De Leon Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Carolina B. De Leon Signature of Debtor 2 Carolina B. De Leon Signature of Debtor 1 Executed on September 7, 2018 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Carolina B. De Leon

a B. De Leon Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ David M. Siegel | Date | September 7, 2018 |
|--|---------------|-------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| David M. Siegel Printed name | | |
| David M. Siegel & Associates | | |
| 790 Chaddick Drive | | |
| Wheeling, IL 60090 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (847) 520-8100 | Email address | |
| #06207611 IL | | |
| Bar number & State | | |

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Fill in this information to identify your case:

Debtor 1

Carolina B. De Leon
First Name

Middle Name

Last Name

Debtor 2
(Spouse if, filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

☐ Check if this is an amended filing

Official Form 106Sum

Case number

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as | ssets of what you own |
|-----|--|-------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 22,679.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 22,679.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 15,471.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 39,199.00 |
| | Your total liabilities | \$ | 54,670.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,032.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,833.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | nedules. |
| | ■ Yes | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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the court with your other schedules.

Debtor 1 Carolina B. De Leon Document Page 9 of 59
Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Bort 4 on Schodule E/E convethe following: | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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Document Page 10 of 59 Fill in this information to identify your case and this filing: Debtor 1 Carolina B. De Leon First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. \square Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Toyota Who has an interest in the property? Check one 3.1 Make: the amount of any secured claims on Schedule D: Corolla Creditors Who Have Claims Secured by Property. Debtor 1 only Model: 2016 Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Santander Consumer USA \$9,625.00 \$9,625.00 Secured Lien \$15,471.00 ☐ Check if this is community property (see instructions) Son drives Vehicle. Do not deduct secured claims or exemptions. Put **Toyota** 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Model: Camry Creditors Who Have Claims Secured by Property. Debtor 1 only 2016 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Leased Auto \$1,444.00 \$12,075.00 \$12,075.00 Toyota Motor Credit Co. ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

■ No

□ Yes

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Case number (if known) Debtor 1 Carolina B. De Leon 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$21,700.00 pages you have attached for Part 2. Write that number here.......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No ■ Yes. Describe..... **Household Goods & Furniture** \$150.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... TV & Electronics \$50.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No

Yes. Describe.....

\$250.00 Normal Apparel

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

□ No

Yes. Describe.....

\$100.00 **Costume Jewelry**

13. Non-farm animals

Examples: Dogs, cats, birds, horses

■ No

☐ Yes. Describe.....

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Case number (if known) Document Debtor 1 Carolina B. De Leon 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$550.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No □ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... 17.1. Checking Chase Bank/Bank of America \$429.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Institution name or individual: ☐ Yes.

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No

Issuer name and description. ☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

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Case number (if known) Document Debtor 1 Carolina B. De Leon ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No $\hfill \square$ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: **Term Life Insurance** \$0.00 **Death Benefits Only** 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... Official Form 106A/B Schedule A/B: Property page 4

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Case number (if known) Document Debtor 1 Carolina B. De Leon 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$429.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ■ No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00

| Part | 8: List the Totals of Each Part of this Form | | | | |
|------|---|---|-------------|------------------------------|-------------|
| 55. | Part 1: Total real estate, line 2 | | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | | \$21,700.00 | _ | |
| 57. | Part 3: Total personal and household items, line 15 | | \$550.00 | | |
| 58. | Part 4: Total financial assets, line 36 | | \$429.00 | | |
| 59. | Part 5: Total business-related property, line 45 | | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | _ | \$22,679.00 | Copy personal property total | \$22,679.00 |

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$22,679.00

Document Page 15 of 59 Fill in this information to identify your case: Debtor 1 Carolina B. De Leon First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

amended filing

Specific laws that allow exemption

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Amount of the exemption you claim

Part 1: Identify the Property You Claim as Exempt

Brief description of the property and line on

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the

| Schedule A/B that lists this property | portion you own | AIIIC | unt of the exemption you claim | Specific laws that allow exemption |
|---|-------------------------------------|-------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 2016 Toyota Corolla Santander Consumer USA | \$9,625.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Secured Lien \$15,471.00 | | | 100% of fair market value, up to any applicable statutory limit | |
| Son drives Vehicle. Line from Schedule A/B: 3.1 | | | | |
| 2016 Toyota Camry Leased Auto \$1,444.00 | \$12,075.00 | | \$3,271.00 | 735 ILCS 5/12-1001(b) |
| Toyota Motor Credit Co. Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Household Goods & Furniture Line from Schedule A/B: 6.1 | \$150.00 | | \$150.00 | 735 ILCS 5/12-1001(b) |
| Line Holli Schedule A/B. V.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| TV & Electronics Line from Schedule A/B: 7.1 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Normal Apparel Line from Schedule A/B: 11.1 | \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(a) |
| Zino nom Gondado / VD. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |

9/07/18 3:09PM Document Page 16 of 59 Case number (if known) Debtor 1 Carolina B. De Leon Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Costume Jewelry** 735 ILCS 5/12-1001(b) \$100.00 \$100.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Checking: Chase Bank/Bank of 735 ILCS 5/12-1001(b) \$429.00 \$429.00 **America** Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Term Life Insurance** 215 ILCS 5/238 \$0.00 \$0.00 **Death Benefits Only** Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit

| 3. | ou claiming a homestead exemption of more than \$160,375? ct to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. |
|----|---|
| | 0 |
| | es. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? |
| |] No |
| |] Yes |

Entered 09/07/18 15:11:26 Case 18-25311 Doc 1 Filed 09/07/18 Desc Main Document Page 17 of 59 Fill in this information to identify your case: Debtor 1 Carolina B. De Leon Middle Name First Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column B Column C Column A 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Value of collateral Unsecured much as possible, list the claims in alphabetical order according to the creditor's name. Do not deduct the that supports this portion value of collateral. claim If any Santander Consumer 2.1 \$15,471.00 \$9,625.00 \$5,846.00 Describe the property that secures the claim: Usa Creditor's Name 2016 Tovota Corolla Santander Consumer USA Secured Lien \$15,471.00 Son drives Vehicle. As of the date you file, the claim is: Check all that Po Box 961245 apply Ft Worth, TX 76161 ☐ Contingent Number, Street, City, State & Zip Code ☐ Unliquidated □ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured ■ Debtor 1 only car loan) Debtor 2 only Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Check if this claim relates to a **Purchase Money Security** Other (including a right to offset) community debt

> Opened 09/17 Last Active

Date debt was incurred 7/06/18 Last 4 digits of account number 1000

Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$15,471.00 \$15,471.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Document Page 18 of 59 Fill in this information to identify your case: Debtor 1 Carolina B. De Leon Middle Name Last Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 0402 \$5.922.00 **Bk Of Amer** Last 4 digits of account number Nonpriority Creditor's Name Opened 05/13 Last Active Po Box 982238 When was the debt incurred? 6/20/16 El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Purchases

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4.2 \$809.00 **Bk Of Amer** Last 4 digits of account number 7457 Nonpriority Creditor's Name Opened 12/14 Last Active Po Box 982238 When was the debt incurred? 9/30/16 El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Purchases** Other. Specify 4.3 Cap One Last 4 digits of account number 3458 \$1,791.00 Nonpriority Creditor's Name Opened 04/12 Last Active 15000 Capital One Dr When was the debt incurred? 4/04/16 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Judgment 4.4 Last 4 digits of account number 2497 \$733.00 Cavalry Nonpriority Creditor's Name PO Box 520 When was the debt incurred? Valhalla, NY 10595 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Judgment

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| 4.5 | Chase Card | Last 4 digits of account number | 2751 | \$681.00 |
|-----|---|---|--|------------|
| | Nonpriority Creditor's Name Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 11/06 Last Active 10/08/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Purchases | | |
| 4.6 | Citibank N.A. | Last 4 digits of account number | 8155 | \$1,703.00 |
| | Nonpriority Creditor's Name | _ | Opened 02/47 Leet Active | |
| | 701 E. 60th St N Sioux Falls, SD 57104-0432 | When was the debt incurred? | Opened 03/17 Last Active 7/25/18 | |
| | Number Street City State Zlp Code | | | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Collections | · · | |
| 4.7 | Citibank N.A. | Last 4 digits of account number | 3180 | \$325.00 |
| | Nonpriority Creditor's Name 701 E. 60th St N | When was the debt incurred? | Opened 04/17 | |
| | Sioux Falls, SD 57104-0432 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | , | , and an area of the second of | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other Specify Collections | | |
| | . ••• | - Other. Specify | | |

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| 4.8 | Commerce Bank | Last 4 digits of account number | 0216 | \$2,520.00 | |
|----------|---|---|---|------------|--|
| | Nonpriority Creditor's Name 1045 Executive Parkway D Saint Louis, MO 63141 | When was the debt incurred? | Opened 5/29/14 Last Active 4/08/16 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | | |
| | debt Is the claim subject to offset? ■ No | ☐ Obligations arising out of a separeport as priority claims☐ Debts to pension or profit-sharing | aration agreement or divorce that you did not | | |
| | ☐ Yes | Other. Specify Purchases | | | |
| 4.9 | Commonwealth Edison-Care Center Nonpriority Creditor's Name | Last 4 digits of account number | 9051 | \$106.00 | |
| | Bankruptcy Department PO Box 6113 | When was the debt incurred? | Opened 06/18 | | |
| | Carol Stream, IL 60197-6113 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | |
| | Debtor 1 only | Contingent | | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | | | |
| | ■ No □ Yes | Debts to pension or profit-sharin | | | |
| | Li res | Other. Specify Collections | <u> </u> | | |
| 4.1 0 | Credit One Bank Na | Last 4 digits of account number | 1389 | \$371.00 | |
| | Nonpriority Creditor's Name Po Box 98875 Las Vegas, NV 89193 | When was the debt incurred? | Opened 12/17 Last Active 6/03/18 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | |
| | Debtor 1 only | Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | | | |
| | At least one of the debtors and another | Student loans | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | ■ Other Specify Purchases | | | |

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4.1 **Discover Fin Svcs Llc** 7199 \$3,771.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 02/12 Last Active Po Box 15316 When was the debt incurred? 7/06/18 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Purchases** Other. Specify **DMG Surgical Center, LLC** 4158 \$1,160.00 Last 4 digits of account number Nonpriority Creditor's Name 1593 Paysphere Circle When was the debt incurred? **Opened 04/17** Chicago, IL 60674 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collections Other. Specify 4.1 \$438.00 **Dsnb Macys** 1320 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 04/11 Last Active Po Box 8218 When was the debt incurred? 5/17/18 Mason, OH 45040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Purchases** Other. Specify

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| 4.1 4 | DuPage Medical Group | Last 4 digits of account number | 6035 | \$216.00 | |
|----------|---|--|--|---------------------------------------|--|
| | Nonpriority Creditor's Name 1100 W. 31st St Suite 300 | When was the debt incurred? | Opened 04/17 | | |
| | Downers Grove, IL 60515 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Collections | 3 | | |
| 4.1 | DuPage Medical Group | Last 4 digits of account number | 6040 | \$216.00 | |
| | Nonpriority Creditor's Name | _ | | · · · · · · · · · · · · · · · · · · · | |
| | 1100 W. 31st St Suite 300 | When was the debt incurred? | Opened 04/17 | - | |
| | Downers Grove, IL 60515 | | | | |
| | Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | | |
| | ☐ Check if this claim is for a community debt | _ | and the second s | | |
| | Is the claim subject to offset? | report as priority claims | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Collections | 3 | - | |
| 4.1 | DuPage Medical Group | Look & dinite of account months | 6042 | \$199.00 | |
| 5 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ133.00 | |
| | 1100 W. 31st St | When was the debt incurred? | Opened 04/17 | - | |
| | Suite 300 Downers Grove, IL 60515 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | ☐ Yes | ■ Other. Specify Collections | | | |
| | □ 162 | Other. Specify | | | |

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Desc Main

4.1 **DuPage Medical Group** 6036 \$150.00 Last 4 digits of account number Nonpriority Creditor's Name 1100 W. 31st St **Opened 04/17** When was the debt incurred? Suite 300 **Downers Grove, IL 60515** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collections 4.1 **DuPage Medical Group** 9615 \$84.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 1100 W. 31st St When was the debt incurred? **Opened 03/17** Suite 300 **Downers Grove, IL 60515** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.1 **DuPage Medical Group** 6039 \$34.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 1100 W. 31st St When was the debt incurred? **Opened 04/17** Suite 300 **Downers Grove, IL 60515** As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes

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| 4.2 | DuPage Medical Group | Last 4 digits of account number | 5689 | \$25.00 |
|-----|--|--|---|----------------|
| | Nonpriority Creditor's Name 1100 W. 31st St | | Opened 01/16 Last Active | |
| | Suite 300 Downers Grove, IL 60515 | When was the debt incurred? | 2/16/16 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | Yes | Other Specify Collections | 3 | |
| 4.2 | DuPage Valley Anesthesia | Last 4 digits of account number | 0988 | \$129.00 |
| 1 | Nonpriority Creditor's Name | | | 4.20.00 |
| | PO Box 3872 | When was the debt incurred? | Opened 09/17 | |
| | Carol Stream, IL 60132-3872 Number Street City State Zlp Code | As of the date you file, the claim | ie: Chack all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | в. Опеск ан так арргу | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | ☐ Yes | Other Specify Collections | | |
| | II Department of Employment | | | |
| 4.2 | Securit Securit | Last 4 digits of account number | | \$8,000.00 |
| | Nonpriority Creditor's Name Benefit Repayments | When was the debt incurred? | | |
| | PO Box 19286 | | | |
| | Springfield, IL 62794-9286 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Overpayme | ent | |

Debtor 1 Carolina B. De Leon

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| 4.2 | Kohls/capone | Last 4 digits of account number | 1497 | \$999.00 |
|-----|---|--|--|------------|
| | Nonpriority Creditor's Name N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 | When was the debt incurred? | Opened 12/12 Last Active 4/08/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Purchases | | |
| 4.2 | Nordstrom/td Bank Usa | Last 4 digits of account number | 3088 | \$542.00 |
| | Nonpriority Creditor's Name 13531 E Caley Ave | When was the debt incurred? | Opened 06/13 Last Active 6/06/18 | |
| | Englewood, CO 80111 | when was the debt incurred? | 0/00/16 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | <u> </u> | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Purchases | | |
| 4.2 | Portfolio Recovery Associates, LLC | Last 4 digits of account number | 5150 | \$1,226.00 |
| | Nonpriority Creditor's Name PO Box 41067 | When was the debt incurred? | | |
| | Norfolk, VA 23541 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | 7.0 0. 0.0 0.00 7000, 0.00 0.00 | C. C | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | _ ~ | | |
| | ☐ Debtor 1 and Debtor 2 only | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Judgment | | |

Debtor 1 Carolina B. De Leon

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| 4.2 6 | Short Term Loans Nonpriority Creditor's Name 661 Roosevelt Rd. Glen Ellyn, IL 60137 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharing | d claim: aration agreement or divorce that you did not | \$777.00 |
|-------|---|---|--|------------|
| | Yes | Other. Specify Loan | | |
| 4.2 | Syncb/gapdc Nonpriority Creditor's Name Po Box 965005 Orlando, FL 32896 | Last 4 digits of account number When was the debt incurred? | 1245 Opened 08/12 Last Active 7/28/17 | \$2,131.00 |
| | Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Other. Specify Purchases | d claim: aration agreement or divorce that you did not ag plans, and other similar debts | |
| 4.2 8 | Syncb/walmart Nonpriority Creditor's Name Po Box 965024 Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharing | d claim: aration agreement or divorce that you did not | \$215.00 |
| | Yes | ■ Other. Specify Purchases | | |

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| Debtor | Carolina B. De Leon | —————————————————————————————————————— | Case number (if know) | | |
|----------|--|---|---|------------|--|
| 4.2 9 | Synchrony Bank | Last 4 digits of account number | 5650 | \$654.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 965060 | When was the debt incurred? | Opened 05/17 | | |
| | Orlando, FL 32896-6060 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No | Debts to pension or profit-sharing | | | |
| | Yes | Other. Specify Collections | | | |
| 4.3 | Synchrony Bank Nonpriority Creditor's Name | Last 4 digits of account number | 9450 | \$490.00 | |
| | Attn: Bankruptcy Dept. PO Box 965060 | When was the debt incurred? | Opened 02/17 | | |
| | Orlando, FL 32896-6060 Number Street City State Zlp Code | As of the date you file, the claim i | | | |
| | Who incurred the debt? Check one. | | , | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No | Debts to pension or profit-sharing | | | |
| | Yes | Other. Specify Collections | | | |
| 4.3 | Toyota Motor Credit Co | | X749 | \$1,444.00 | |
| 1 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ1,+++.00 | |
| | Po Box 9786 Cedar Rapids, IA 52409 | When was the debt incurred? | Opened 01/16 Last Active 7/30/18 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a ciaim: | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement of divolce that you did flot | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Lease 2016 Toyot | a Camry | | |

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| 4.3 | Von Maur | Last 4 digits of account number | 6424 | \$112.00 | | | |
|---|---|---|--|---------------------------|--|--|--|
| | Nonpriority Creditor's Name 6565 Brady | When was the debt incurred? | Opened 7/24/15 Last Active 9/07/17 | | | | |
| | Davenport, IA 52806 Number Street City State Zlp Code | As of the date you file, the clain | | | | | |
| | Who incurred the debt? Check one. | _ | | | | | |
| | Debtor 1 only | Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another ☐ Check if this claim is for a communit debt Is the claim subject to offset? ☐ No ☐ Yes | | er Type of NONPRIORITY unsecured claim: | | | | | |
| | | Student loans | | | | | |
| | | report as priority claims | paration agreement or divorce that you did not | | | | |
| | | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | | Other. Specify Purchases | S | | | | |
| 4.3 | World Financial Network Bank | Last 4 digits of account number | 4034 | \$1,226.00 | | | |
| | Nonpriority Creditor's Name c/o Portfolio Recovery 120 Corporate Blvd., Ste. 100 Norfolk, VA 23502 | When was the debt incurred? | Opened 09/16 Last Active 11/03/17 | - | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the clain | n is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | | |
| | ☐ At least one of the debtors and another | • | | | | | |
| | ☐ Check if this claim is for a community | v ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepreport as priority claims | paration agreement or divorce that you did not | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections | | | | | |
| | Yes | | | | | | |
| Part 3 | List Others to Be Notified About a | Debt That You Already Listed | | | | | |
| is try have | ring to collect from you for a debt you owe to | o someone else, list the original creditor that you listed in Parts 1 or 2, list the ad | you already listed in Parts 1 or 2. For examp in Parts 1 or 2, then list the collection agenc ditional creditors here. If you do not have ad | y here. Similarly, if you | | | |
| | and Address | On which entry in Part 1 or Part 2 did yo | ou list the original creditor? | | | | |
| | and Gaines, P.C. | | Part 1: Creditors with Priority Unsecured Cla | | | | |
| 661 N | rupty Department I. Glenn Ave. eling, IL 60090 | | Part 2: Creditors with Nonpriority Unsecured | Claims | | | |
| | , in 19, 12 00000 | Last 4 digits of account number | | | | | |
| | and Address | On which entry in Part 1 or Part 2 did yo | | | | | |
| Cap (| | | Part 1: Creditors with Priority Unsecured Cla | | | | |
| | 0 Capital One Way mond, VA 23060 | | Part 2: Creditors with Nonpriority Unsecured | Claims | | | |
| | 11011u, VA 23000 | Last 4 digits of account number | | | | | |
| Name a | and Address | On which entry in Part 1 or Part 2 did yo | ou list the original creditor? | | | | |
| | Iry Portfolio Serv | Line 4.29 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Cla | ms | | | |
| | ox 27288 oe, AZ 85285 | | Part 2: Creditors with Nonpriority Unsecured | Claims | | | |
| . 01114 | | Last 4 digits of account number | | | | | |
| | and Address it Protection Asso | On which entry in Part 1 or Part 2 did you Line 4.9 of (Check one): | ou list the original creditor? | | | | |
| Official I | Form 106 E/F | hedule E/F: Creditors Who Have Unsecu | red Claims | Page 12 of 1 | | | |

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Debtor 1 Carolina B. De Leon 13355 Noel Rd Ste 2100 ☐ Part 1: Creditors with Priority Unsecured Claims Dallas, TX 75240 Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Mandarich Law Group, LLP Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **420 N WABASH AVE** ■ Part 2: Creditors with Nonpriority Unsecured Claims Suite 400 Chicago, IL 60611-3542 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Med Busi Bur Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1460 Renaissance Drive ■ Part 2: Creditors with Nonpriority Unsecured Claims Park Ridge, IL 60068 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Midland Funding Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2365 Northside Dr Ste 30 Part 2: Creditors with Nonpriority Unsecured Claims San Diego, CA 92108 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Midland Funding Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2365 Northside Dr Ste 30 ■ Part 2: Creditors with Nonpriority Unsecured Claims San Diego, CA 92108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Nationwide Credit & Co Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 815 Commerce Dr Ste 270 ■ Part 2: Creditors with Nonpriority Unsecured Claims Oak Brook, IL 60523 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Nationwide Credit & Co Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 815 Commerce Dr Ste 270 ■ Part 2: Creditors with Nonpriority Unsecured Claims Oak Brook, IL 60523 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Nationwide Credit & Co Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 815 Commerce Dr Ste 270 ■ Part 2: Creditors with Nonpriority Unsecured Claims Oak Brook, IL 60523 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Nationwide Credit & Co Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 815 Commerce Dr Ste 270 Part 2: Creditors with Nonpriority Unsecured Claims Oak Brook, IL 60523 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Nationwide Credit & Co Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 815 Commerce Dr Ste 270 Part 2: Creditors with Nonpriority Unsecured Claims Oak Brook, IL 60523 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Nationwide Credit & Co Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 815 Commerce Dr Ste 270 Part 2: Creditors with Nonpriority Unsecured Claims Oak Brook, IL 60523 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Nationwide Credit & Co Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 815 Commerce Dr Ste 270 Part 2: Creditors with Nonpriority Unsecured Claims Oak Brook, IL 60523 Last 4 digits of account number

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Debtor 1 Carolina B. De Leon

| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | |
|--|--|---|--|--|--|
| Nationwide Credit & Co | Line 4.20 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| 815 Commerce Dr Ste 270 Oak Brook, IL 60523 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Out 5100k, 12 00020 | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did y | you list the original creditor? | | | |
| Portfolio Recov Assoc | Line 4.33 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| 120 Corporate Blvd Ste 1 Norfolk, VA 23502 | | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| North, VX 2002 | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | |
| Portfolio Recov Assoc | Line 4.30 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| 120 Corporate Blvd Ste 1 Norfolk, VA 23502 | | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| 1401101R, VA 23302 | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | |
| Sanjay S Jutla/Allen Gunn | Line 4.25 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| Attorney at Law 55 E Jackson Blvd 16th Floor | | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Chicago, IL 60604 | | | | | |
| - · | Last 4 digits of account number | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 39,199.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 39,199.00 |

| | | Docume | ent Page 32 of 59 | | |
|---------------------|--------------------------|-------------------|-------------------|--------------------------------------|--|
| Fill in this infor | rmation to identify your | case: | | | |
| Debtor 1 | Carolina B. De Le | eon | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Toyota Motor Credit Corp
Bankruptcy Department
PO Box 9013
Addison, TX 75001

State what the contract or lease is for
Leased Auto
2016 Toyota Camry

| | | Docume | nt Page 33 o | of 59 | 9/07/18 3:09PN |
|-------------------------------|--|---|------------------------|---|---|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Carolina B. De Le | eon | | | |
| 5 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filir | ng) First Name | Middle Name | Last Name | | |
| United Sta | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numl | her | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Officia | l Form 106H | | | | |
| | | abtara | | | 4044 |
| <u>scnea</u> | lule H: Your Cod | eptors | | | 12/15 |
| ill it out, a our name | filing together, both are equ nd number the entries in the and case number (if known) you have any codebtors? (If | boxes on the left. Attach . Answer every question. | the Additional Page to | o this page. On the top of a | ed, copy the Additional Page, any Additional Pages, write |
| = N. | | | | | |
| ■ No □ Yes | • | | | | |
| | | | | | |
| | hin the last 8 years, have you a, California, Idaho, Louisiana | | | | tes and territories include |
| ■ No. | Go to line 3. | | | | |
| ☐ Yes | s. Did your spouse, former spo | use, or legal equivalent live | with you at the time? | | |
| in line Form | 2 again as a codebtor only i | f that person is a guarant | or or cosigner. Make : | sure you have listed the cr | th you. List the person shown editor on Schedule D (Official edule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The credito Check all schedules that | r to whom you owe the debt at apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line _ | |
| | Number Street | | | <u> </u> | |
| | City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line _ | |
| - | Number Street | | | _ | |

State

City

ZIP Code

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| Fill | in this information t | o identify your ca | ase: | | | | | |
|-----------------------|---|-------------------------------------|--|--|-------------------------|------------------------------------|--|----------------------|
| Deb | otor 1 | Carolina B. I | De Leon | | | | | |
| | otor 2 buse, if filing) | | | | | | | |
| Uni | ted States Bankrup | tcy Court for the | NORTHERN DISTRIC | CT OF ILLINOIS | | | | |
| | se number | | | - | | | | |
| <u>O</u> 1 | fficial Form | 106I | | | | MM / DD/ Y | YYY | |
| So | chedule I: | Your Inco | ome | | | | | 12/15 |
| supp spou attac | plying correct info use. If you are sep ch a separate shee | ormation. If you parated and you | are married and not filir r spouse is not filing wi | ple are filing together (De ng jointly, and your spous ith you, do not include info onal pages, write your na | e is living ormation | g with you, incl about your spo | ude information about ouse. If more space i | ut your s needed, |
| 1. | Fill in your emploinformation. | oyment | | Debtor 1 | | Debtor 2 | or non-filing spous | e |
| | If you have more than one job, attach a separate page with information about additional | | Employment status | ■ Employed | | ☐ Empl | oyed | |
| | | Employment status | ☐ Not employed | | ☐ Not e | ☐ Not employed | | |
| | employers. | | Occupation | Mail Processor | | | | |
| | Include part-time, self-employed wo | | Employer's name | Fidelity Info Source | | | | |
| | Occupation may i or homemaker, if | | Employer's address | 270 Remington Blvd. Bolingbrook, IL 6044 | | | | |
| | | | How long employed the | here? 4 Yrs. | | | | |
| Par | t 2: Give De | tails About Mor | thly Income | | | | | |
| | mate monthly incouse unless you are | | ate you file this form. If y | you have nothing to report for | or any line | e, write \$0 in the | space. Include your n | ion-filing |
| | u or your non-filing e space, attach a se | | | ombine the information for a | ll employe | ers for that perso | on on the lines below. | If you need |
| | | | | | F | or Debtor 1 | For Debtor 2 or non-filing spouse | |
| 2. | | | ry, and commissions (becalculate what the month) | | 2. \$ | 2,884.00 | \$ N /A | <u> </u> |

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

| 2. | \$_ | 2,884.00 | \$ | N/A |
|----|------|----------|-----|-----|
| 3. | +\$_ | 0.00 | +\$ | N/A |
| 4. | \$ | 2,884.00 | \$ | N/A |

| Debt | or 1 | Carolina B. De Leon | _ | С | ase number (if kr | own) | | | | |
|------|------------|--|-------------|------|-------------------|--------------|-----------------|-------------|--------------|----------|
| | | | | | | | | | | |
| | | | | | For Debtor 1 | | | or Debtor | | |
| | Copy | y line 4 here | 4. | | \$ 2,884 | .00 | <u>_n</u> \$ | on-filing s | pouse N/A | |
| 5. | | all payroll deductions: | | | | | - ' | | | - |
| Э. | | • • | F.o. | | \$ 477 | , 00 | ¢ | | NI/A | |
| | 5a. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a. | | | .00 | - - \$ | | N/A | - |
| | 5b. 5c. | Voluntary contributions for retirement plans | 5b. 5c. | | | .00 | - ' | | N/A | - |
| | 5d. | Required repayments of retirement fund loans | 5d. | | : | .00 | - : | | N/A | - |
| | 5u. 5e. | Insurance | 5u. 5e. | | · | .00 | - \$ | | N/A | - |
| | 5e. 5f. | Domestic support obligations | 5e. 5f. | | i | .00 | • \$ | | N/A N/A | = |
| | 5g. | Union dues | 5g. | | : - | 0.00 0.00 | - \$ | | N/A | - |
| | 5g. 5h. | Other deductions. Specify: Life Insurance | 5g. 5h. | | · | .00 | - ' | | N/A | - |
| | 011. | Accident Insurance | | | : | .00 | · \$ | | N/A | = |
| | | Short Term Disability | _ | | : | .00 | - \$ | | N/A | - |
| | | LTD | _ | | · | .00 | - \$ | | N/A | - |
| | | FIS Care | _ | | | 2.00 | - : | | N/A | _ |
| | | Supp Life | _ | | . — | .00 | | <u> </u> | N/A | - |
| | | Supp Child Life | | | | .00 | \$ | | N/A | - |
| | | Supp AD&D | | | \$ 5 | .00 | \$ |) | N/A | = |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | 5 | \$ 952 | 2.00 | \$ | i | N/A | - |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | , | \$ 1,932 | .00 | . \$ | i | N/A | - |
| 8. | | all other income regularly received: | | | | | | | | |
| | 8a. | Net income from rental property and from operating a business, profession, or farm | | | | | | | | |
| | | Attach a statement for each property and business showing gross | | | | | | | | |
| | | receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 8a. | | \$ | .00 | . \$ | i | N/A | _ |
| | 8b. | Interest and dividends | 8b. | | \$ 0 | .00 | \$ | i | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | t | | | | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce | _ | | • | | • | | | |
| | 0.1 | settlement, and property settlement. | 8c. | | | .00 | - | | N/A | - |
| | 8d. 8e. | Unemployment compensation Social Security | 8d. 8e. | | | .00 | - - \$ | | N/A | - |
| | ое. 8f. | Other government assistance that you regularly receive | oe. | • | φ <u>(</u> | .00 | - Ф | | N/A | - |
| | OI. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental | Э | | | | | | | |
| | | Nutrition Assistance Program) or housing subsidies. | | | • | | • | | | |
| | • | Specify: | 8f. | | | .00 | - \$ | | N/A | - |
| | 8g. | Pension or retirement income | 8g. | | | .00 | \$ | | N/A | - |
| | 8h. | Other monthly income. Specify: Sons Contribution | 8h. | .+ | \$100 | .00 | + \$ | | N/A | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 100 | .00 | \$ | , | N/A | \ |
| | <u>.</u> | | , F | Φ. | | | | | _ | |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | 2,032.00 | + \$ | | N/A | = \$ | 2,032.00 |
| 11. | State | e all other regular contributions to the expenses that you list in Schedule | 9 J. | | | | | | | |
| | | de contributions from an unmarried partner, members of your household, your | | nde | ents, your room | mate | es, ar | nd | | |
| | | r friends or relatives. | | | | | | | | |
| | _ | ot include any amounts already included in lines 2-10 or amounts that are not | availa | able | to pay expens | es lis | sted i | | | 0.00 |
| | Spec | лу: | | | | | | 11. | +5 | 0.00 |
| 12 | hhA | the amount in the last column of line 10 to the amount in line 11. The res | sult is t | the | combined mor | thly | incor | me [| | <u> </u> |
| 12. | | e that amount on the Summary of Schedules and Statistical Summary of Certa | | | | | | it | | |
| | appli | es | | | | | | 12. | \$ | 2,032.00 |
| | | | | | | | | L | Combir | ned |
| | | | | | | | | | | y income |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form | 1? | | | | | | | |
| | | No. | | | | | | | | |
| | | Yes. Explain: | | | | | | | | |

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| E-111 | | | | | | |
|------------------------------|--|--------------|---|----------------|--|-------------------------------|
| | in this information to identify your case: | | | 01 | 1.77.11.11 | |
| Debtor 2 (Spouse, if filing) | | | | | eck if this is: An amended filing | |
| | | | | | An amended filing A supplement showing postpetition chapte 13 expenses as of the following date: | |
| Unit | ited States Bankruptcy Court for the: NORTHERN DISTRIC | DIS | | MM / DD / YYYY | | |
| | se numberknown) | | | | | |
| 0 | fficial Form 106J | | | | | |
| Be info nu | chedule J: Your Expenses as complete and accurate as possible. If two married ormation. If more space is needed, attach another sh mber (if known). Answer every question. | | | | | |
| Par 1. | rt 1: Describe Your Household Is this a joint case? | | | | | |
| | ■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household | ? | | | | |
| | □ No □ Yes. Debtor 2 must file Official Form 106J-2 | | for Separate Househ | old of Del | otor 2. | |
| 2. | Do you have dependents? ☐ No | | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this inforeach dependent | | Dependent's relation Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| | Do not state the dependents names. | | Son (In School) | | 21 | □ No ■ Yes |
| | | | | | | □ No □ Yes |
| | | | | | | □ No |
| | | | | | | ☐ Yes |
| | | | | | | □ No □ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? ■ No □ Yes | | | | | Li Tes |
| Par | rt 2: Estimate Your Ongoing Monthly Expenses | | | | | |
| Est exp | timate your expenses as of your bankruptcy filing da penses as of a date after the bankruptcy is filed. If thi plicable date. | | | | | |
| the | clude expenses paid for with non-cash government a e value of such assistance and have included it on So fficial Form 106I.) | | | | Your exp | enses |
| • | , | | | | | |
| 4. | The rental or home ownership expenses for your repayments and any rent for the ground or lot. | esidence. In | clude first mortgage | 4. | \$ | 600.00 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | | 4b. | · ——— | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expense4d. Homeowner's association or condominium dues | | | 4c. 4d. | · | 0.00 |
| 5. | Additional mortgage payments for your residence, | | ne equity loans | 4u. 5. | | 0.00 |

| Debt | tor 1 | Carolina | B. De Leon | Case n | umb | per (if known) | |
|------|--------|---------------|---|-----------------------------------|------|---------------------|-----------------------------|
| 6. | Utilit | ies: | | | | | |
| 0. | 6a. | | heat, natural gas | 6 | Sa. | \$ | 90.00 |
| | 6b. | • | ver, garbage collection | 6 | Sb. | \$ | 68.00 |
| | 6c. | | e, cell phone, Internet, satellite, and cable serv | ices 6 | 3c. | \$ | 100.00 |
| | 6d. | Other. Spe | | | Sd. | \$ | 0.00 |
| 7. | | | ekeeping supplies | | 7. | \$ | 100.00 |
| | | | hildren's education costs | | 8. | \$ | 0.00 |
| | | | ry, and dry cleaning | | 9. | \$ | 10.00 |
| | | | roducts and services | | 10. | \$ | 5.00 |
| | | - | ntal expenses | | 11. | • | 0.00 |
| | | | Include gas, maintenance, bus or train fare. | | ٠ | Ψ | 0.00 |
| 12. | | • | ar payments. | 1 | 12. | \$ | 50.00 |
| 13. | | | clubs, recreation, newspapers, magazines | and books | 13. | \$ | 0.00 |
| | | | ributions and religious donations | | 14. | \$ | 0.00 |
| | | rance. | | | | | <u> </u> |
| | | | surance deducted from your pay or included i | n lines 4 or 20. | | | |
| | 15a. | Life insura | nce | 15 | āa. | \$ | 0.00 |
| | 15b. | Health inst | urance | 15 | ōb. | \$ | 0.00 |
| | 15c. | Vehicle ins | surance | 15 | ōс. | \$ | 179.00 |
| | 15d. | Other insu | rance. Specify: | 15 | ōd. | \$ | 0.00 |
| 16. | Taxe | s. Do not in | clude taxes deducted from your pay or include | ed in lines 4 or 20. | | | |
| | Spec | | | | 16. | \$ | 0.00 |
| 17. | Insta | allment or le | ease payments: | | | | |
| | | | ents for Vehicle 1 | 17 | ₹a. | \$ | 361.00 |
| | 17b. | Car payme | ents for Vehicle 2 | 17 | ٧b. | \$ | 270.00 |
| | 17c. | Other. Spe | ecify: | 17 | 7c. | \$ | 0.00 |
| | 17d. | Other. Spe | ecify: | | ٧d. | \$ | 0.00 |
| 18. | Your | payments | of alimony, maintenance, and support that | you did not report as | | | |
| | | | your pay on line 5, Schedule I, Your Incom | (Onicial i Onii 1001). | 18. | \$ | 0.00 |
| 19. | Othe | r payments | s you make to support others who do not li | ve with you. | | \$ | 0.00 |
| | Spec | - | | | 19. | | |
| 20. | | | erty expenses not included in lines 4 or 5 o | | | | |
| | | | s on other property | |)a. | | 0.00 |
| | | Real estate | | |)b. | · | 0.00 |
| | | | nomeowner's, or renter's insurance | 20 | Oc. | \$ | 0.00 |
| | | | ce, repair, and upkeep expenses | 20 | d. | \$ | 0.00 |
| | 20e. | Homeown | er's association or condominium dues | 20 | e. | \$ | 0.00 |
| 21. | Othe | r: Specify: | | 2 | 21. | +\$ | 0.00 |
| 22 | Cala | | monthly sympass | | | | |
| 22. | | Add lines 4 | nonthly expenses | | | ¢. | 4 022 00 |
| | | | S . | Official Form 106 L 2 | | \$ | 1,833.00 |
| | | | 2 (monthly expenses for Debtor 2), if any, from | | | Ψ | |
| | 22c. | Add line 22a | a and 22b. The result is your monthly expens | es. | | \$ | 1,833.00 |
| 23 | Calc | ulate vour r | monthly net income. | | Į | | |
| _0. | | | 12 (your combined monthly income) from Sch | edule I 23 | За. | \$ | 2,032.00 |
| | | | monthly expenses from line 22c above. | | Bb. | * | 1,833.00 |
| | 200. | Copy your | monthly expenses from the 220 above. | 20 | , | Ψ | 1,033.00 |
| | 23c | Subtract v | our monthly expenses from your monthly inco | me | | | |
| | 200. | | is your monthly net income. | 23 | 3c. | \$ | 199.00 |
| | | | , , | | | | |
| 24. | | | an increase or decrease in your expenses v | | | | |
| | | | ou expect to finish paying for your car loan within the | year or do you expect your mortga | ge p | payment to increase | se or decrease because of a |
| | | | terms of your mortgage? | | | | |
| | ■ N | | | | | | |
| | □ Ye | es. | Explain here: | | | | |

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| Fill in this infor | mation to identify yo | ur case: | | | |
|--|--|-----------------------------|-----------------------------|---|------|
| Debtor 1 | Carolina B. De | Leon | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | First Name | Modella Nama | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the | : NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if this is an | |
| | | | | amended filing | |
| | | | | | |
| Official Forr | m 106Doc | | | | |
| | | | | | |
| Declarat | tion About | an Individual | Debtor's Sc | chedules 12 | 2/15 |
| You must file thi obtaining mone years, or both. 1 | is form whenever you y or property by frau 8 U.S.C. §§ 152, 134 ² | d in connection with a bank | or amended schedules. | rect information. Making a false statement, concealing property, on fines up to \$250,000, or imprisonment for up to be a second or the second of the second or the second | |
| Sig | n Below | | | | |
| Did you pa | y or agree to pay so | meone who is NOT an attori | ney to help you fill out ba | pankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | Attach Bankruptcy Petition Preparer's Notice | ce, |
| | | | | Declaration, and Signature (Official Form 1 | 19) |
| • | alty of perjury, I declar e true and correct. | re that I have read the sum | mary and schedules filed | d with this declaration and | |

Signature of Debtor 2

Date

X /s/ Carolina B. De Leon

Carolina B. De Leon Signature of Debtor 1

Date September 7, 2018

| Debtor 1 Carolina B. De Leon Personance Margin Debtor 2 Personance Margin Debtor 2 Personance Margin Debtor 2 Personance Margin Personance Margin Missis Numa Lase Name Lase Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number quit Accessing Personance Margin Destrict Destrict Same mumber Quitable Personance Margin Destrict Same and Case Case Case Case Case Case Case Case | | | | | | | | |
|--|------------|-------------------|--------------------------|-------------------------------|--------------------------------|---------------------|----------------|----------------------|
| PFIX Name Modes Name Lack Name Lack Name Debtor 2 Research, String PFIX Name Modes Name Lack Name Lack Name Lack Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | Fill | in this inforn | nation to identify yo | ur case: | | | | |
| Debtor 2 Gross Income Last Name La | Deb | otor 1 | Carolina B. De | Leon | | | | |
| Check if this is an amended filing | | | First Name | Middle Name | Last Name | _ | | |
| Case number (It brown) Check if this is an amended filing | | | First Name | Middle Name | Last Name | | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/ Be a complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. | Unit | ed States Ba | nkruptcy Court for the | : NORTHERN DISTRICT | OF ILLINOIS | | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/ Be a complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. | Cas | e number | | | | | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? Pes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 1 Same as Debto | | _ | | | | | | |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Fart 1: Give Details About Your Marital Status and Where You Lived Before | | | | | | | a | mended filing |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Fart 1: Give Details About Your Marital Status and Where You Lived Before | ~ (| . | 4.07 | | | | | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. | | | | A | | . | | |
| information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before | | | | | | | | 4/1 |
| number (if known). Answer every question. Art 1: Give Details About Your Marital Status and Where You Lived Before | | | | | | | | |
| 1. What is your current marital status? Married Not married No Yes. List all of the places you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Ilived there Ilived th | | | | | · | | | |
| Married | Par | Give D | Details About Your N | larital Status and Where Yo | ou Lived Before | | | |
| ■ Not married 2. During the last 3 years, have you lived anywhere other than where you live now? □ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: □ Dates Debtor 1 Ived there □ Debtor 2 Prior Address: Dates Debtor 2 Ived there □ Same as Debtor 1 □ Same as Debtor 2 □ Sources of income Gross income □ Sources of income □ Sourc | 1. | What is you | r current marital sta | tus? | | | | |
| ■ Not married 2. During the last 3 years, have you lived anywhere other than where you live now? □ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: □ Dates Debtor 1 Ived there □ Debtor 2 Prior Address: Dates Debtor 2 Ived there □ Same as Debtor 1 □ Same as Debtor 2 □ Sources of income Gross income □ Sources of income □ Sourc | | □ Marriad | | | | | | |
| No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there lived there lived there lived there lived there Same as Debtor 1 Same as Debtor 2 Saurces of income Saur | | _ | | | | | | |
| No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there lived there lived there lived there lived there Same as Debtor 1 Same as Debtor 2 Saurces of income Saur | • | Decide a the L | | Proceedings of the continuous | | | | |
| Pess. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: | 2. | During the is | ast 3 years, nave yo | u lived anywnere other thai | n where you live now? | | | |
| Debtor 1 Prior Address: Dates Debtor 1 lived there | | _ | | | | | | |
| lived there 1602 Thames Ct. Apt. D From-To: Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Sa | | Yes. Lis | st all of the places you | lived in the last 3 years. Do | not include where you live n | OW. | | |
| Wheaton, IL 60189 6/2015-11/2017 From-To: Same as Debtor 1 Same | | Debtor 1 Pr | ior Address: | | 1 Debtor 2 Prior | Address: | | |
| 511 Bighorn Rd. Apt. 104 Naperville, IL 60563 Same as Debtor 1 Same as Debtor 1 From-To: Same a | | | | | | r 1 | | |
| Naperville, IL 60563 2012-2015 From-To: Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community proper states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Debtor 1 Sources of income Poebtor 2 Sources of income Gross income Gross income Gross income | | wincutori, | 12 00 103 | 5,2010 1 1,120 | | | | 11011110. |
| states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Gross income Gross income Gross income Gross income | | | | | ☐ Same as Debto | r 1 | | |
| states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Gross income Gross income Gross income Gross income | | | | | | | | |
| states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Gross income Gross income Gross income Gross income | 2 | Within the Is | net 9 voore did vou | over live with a speuse or l | ogal oguivalent in a comm | inity proporty stat | o or torritors | 2 (Community proport |
| Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Gross income Gross income Gross income Gross income | | | | | | | | |
| Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Gross income Gross income Gross income Gross income | | ■ No | | | | | | |
| 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Gross income Gross income Gross income | | _ | ake sure you fill out S | chedule H: Your Codebtors (| Official Form 106H). | | | |
| 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Gross income Gross income Gross income | | | • | , | , | | | |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Gross income Gross income Gross income Gross income | Par | Explai | in the Sources of Yo | ur Income | | | | |
| Yes. Fill in the details. Debtor 1 Sources of income Gross income Debtor 2 Sources of income Gross income Gross income | 4. | Fill in the total | al amount of income y | ou received from all jobs and | l all businesses, including pa | rt-time activities. | evious caler | dar years? |
| Yes. Fill in the details. Debtor 1 Sources of income Gross income Debtor 2 Sources of income Gross income Gross income | | □ No | | | | | | |
| Sources of income Gross income Gross income Gross income | | _ | I in the details. | | | | | |
| Sources of income Gross income Gross income Gross income | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income | | Sources of inc | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

exclusions)

and exclusions)

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Case number (if known) Document Debtor 1 Carolina B. De Leon

| | | | | | D.1. | | D 14 2 | | |
|-----------|-----------------|--------------------------|-----------------------------|---------------------------|---|--|------------------------------------|--------------|---|
| | | | | | Debtor 1 | | Debtor 2 | | |
| | | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | | | 1 of currer iled for ban | nt year until kruptcy: | ■ Wages, commissions, bonuses, tips | \$17,328.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | | ☐ Operating a business | | ☐ Operating a | business | |
| Fo (Já | r last anuar | calen y 1 to | dar year: December : | 31, 2017) | ■ Wages, commissions, bonuses, tips | \$40,519.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | | | lar year bet December : | | ■ Wages, commissions, bonuses, tips | \$37,347.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | | Operating a business | | ☐ Operating a | business | |
| | winr | nings. Ì each s No | f you are fili | ng a joint cas | pensions; rental income; intere e and you have income that y me from each source separate | ou received together, list it or | nly once under De | ebtor 1. | · |
| | | | | | Debtor 1 | | Debtor 2 | | |
| | | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: | List | Certain Pa | yments You | Made Before You Filed for E | Bankruptcy | | | |
| 6 | Δre | | | - | s debts primarily consumer | • | | | |
| | | No. | Neither De | btor 1 nor D | ebtor 2 has primarily consu personal, family, or household | mer debts. Consumer debts | are defined in 11 | U.S.C. § 10 | 1(8) as "incurred by an |
| | | | | 90 days befo | re you filed for bankruptcy, did | d you pay any creditor a total | of \$6,425* or moi | re? | |
| | | | | Go to line 7 | | | | | |
| | | | ☐ Yes | paid that cre | ach creditor to whom you paid editor. Do not include payment payments to an attorney for th | ts for domestic support obliga | | | |
| | | | * Subject t | to adjustment | on 4/01/19 and every 3 years | after that for cases filed on o | or after the date of | f adjustment | . . |
| | | Yes. | | | r both have primarily consulted you filed for bankruptcy, did | | of \$600 or more? | | |
| | | | ■ No. | Go to line 7 | | | | | |
| | | | ☐ Yes | include pay | ach creditor to whom you paid ments for domestic support ob this bankruptcy case. | | | | |
| | Cre | editor's | s Name and | l Address | Dates of paymer | nt Total amount | Amount you | Was this | payment for |

paid

still owe

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Case number (if known)

| 7. | Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | rtners; relatives of any gen- control, or owner of 20% or | eral partners; partners r more of their votin | erships of which g g securities; and | you are a genera any managing a | al partner; corporations agent, including one for |
|-----|---|--|--|---|------------------------------------|--|
| | Yes. List all payments to an insider. | D | | | - (| |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | this payment |
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cost No | | ments or transfer | any property on | account of a d | ebt that benefited an |
| | Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | t his payment ditor's name |
| Par | t 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | ne case |
| | Cavalry SPV I, LLC, AS vs Carolina DeLeon 18-SC-2497 | Judgment | Dupage Count Dupage Count | | ■ Pending □ On appe | eal |
| | Capital One vs Carolina DeLeon 18-SC-3458 | Judgment | Dupage Count Dupage Count | | Pending On appe | eal |
| | Portfolio Recovery Associates LLC vs Carolina DeLeon 18-SC-005150 | Judgment | Dupage Count Dupage Count | | Pending On appe | eal |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | rty repossessed, | foreclosed, garr | nished, attache | d, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Dat | е | Value of the |
| | | Explain what happened | | | | property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becan No Yes. Fill in the details. | | uding a bank or fi | nancial institutio | on, set off any a | amounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | | e action was | Amount |
| | | | | tak | en | |

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Page 42 of 59 Case number (if known) Debtor 1 Carolina B. De Leon 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No ☐ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You David M. Siegel & Associates **Attorney Fees** 8/28/18 \$400.00 790 Chaddick Drive Wheeling, IL 60090 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

Nο

Yes. Fill in the details.

Person Who Was Paid Description and value of any property Date payment Amount of transferred Address or transfer was payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Case number (if known) Document

| | transferred in the ordinary course of your bus Include both outright transfers and transfers mad include gifts and transfers that you have already | le as security (such as t | he granting of a se | curity interest | or mortgage on your | property). Do not |
|-----|--|---|---|-----------------|---|---|
| | NoYes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | • | Description and value of property transferred | | ny property or received or debts hange | Date transfer was made |
| | Person's relationship to you | | | • | 3. | |
| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details. | | y property to a se | If-settled trus | st or similar device o | of which you are a |
| | Name of trust | Description and v | alue of the prope | rty transferre | d | Date Transfer was made |
| | t 8: List of Certain Financial Accounts, Instr | | | | your name, or for yo | |
| | sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa No Yes. Fill in the details. | other financial accour | nts; certificates of | | | |
| | Name of Financial Institution and | Last 4 digits of account number | Type of account instrument | clos | e account was sed, sold, ved, or sferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ar before you filed for | bankruptcy, any | safe deposit | box or other deposit | ory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | escribe the c | ontents | Do you still have it? |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 ye | ar before you | u filed for bankruptcy | y? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, State and ZIP Code) | | escribe the c | ontents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control fo | or Someone Else | | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Inclu | ıde any property <u>y</u> | you borrowed | d from, are storing fo | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | escribe the p | roperty | Value |
| | | | | | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

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Debtor 1 Carolina B. De Leon

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| regulations controlling the cleanup of these substances, wastes, or material. |
|--|
| Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used |
| to own, operate, or utilize it, including disposal sites. |

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| | hazardous material, pollutant, contaminant, or similar term. | | | | | | | | |
|-----|---|--|--------|--|--------------------|--|--|--|--|
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of wher | the | y occurred. | | | | | |
| 24. | Has any governmental unit notified you that yo | ou may be liable or potentially liable | und | er or in violation of an environme | ntal law? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of any | y release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or admini | istrative proceeding under any envi | ronm | nental law? Include settlements ar | nd orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ure of the case | Status of the case | | | | |
| Par | t 11: Give Details About Your Business or Cor | nnections to Any Business | | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have an | y of | the following connections to any | business? | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | |
| | ☐ A member of a limited liability company | y (LLC) or limited liability partnersh | ip (Ll | LP) | | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | ☐ An officer, director, or managing execu | itive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting o | r equity securities of a corporation | | | | | | | |
| | ■ No. None of the above applies. Go to Part | : 12 . | | | | | | | |
| | Yes. Check all that apply above and fill in | | S. | | | | | | |
| | | escribe the nature of the business | | Employer Identification number | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | ame of accountant or bookkeeper | | Do not include Social Security n Dates business existed | umber or ITIN. | | | | |
| 28. | Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties. | did you give a financial statement t | to an | yone about your business? Includ | de all financial | | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details below. | | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | ate Issued | | | | | | | |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection Case 18-25311 Doc 1 Filed 09/07/18 Entered 09/07/18 15:11:26 Desc Main Page 45 of 59 Case number (if known)

Document Debtor 1 Carolina B. De Leon

with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Carolina B. De Leon Signature of Debtor 2 Carolina B. De Leon Signature of Debtor 1 Date Date September 7, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| | | Doc | ument | Page 46 of 59 | | | |
|-------------------------------------|---|--|---------------------|---|---------------------|---|-----------|
| Fill in this inform | nation to identify your o | case: | | | | | |
| Debtor 1 | Carolina B. De Le | | | | | | |
| Dobtor 2 | First Name | Middle Name | | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | | Last Name | | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DIS | TRICT OF ILI | LINOIS | | | |
| Case number | | | | | | | |
| (if known) | | | | | | Check if this i | |
| | | | | | | amended filin | g |
| 00000 | 400 | | | | | | |
| Official Fo | | | | | 0 1 4 | _ | |
| Statemer | nt of Intentio | n for Indiv | <u>/iduais</u> | Filing Unde | r Chapte | er <i>1</i> | 12/15 |
| If you are an indi | vidual filing under chap | oter 7, you must fil | ll out this for | m if: | | | |
| | claims secured by you | - | | | | | |
| | ed personal property a | | | | | | |
| | | | | | | et for the meeting of cre- e creditors and lessors | |
| on the f | form | | | | | | |
| | ople are filing together d date the form. | in a joint case, bo | oth are equal | ly responsible for supp | olying correct in | nformation. Both debtor | s must |
| Be as complete a | and accurate as possib | le. If more space is | s needed. att | ach a separate sheet to | o this form. On | the top of any additiona | ıl pages. |
| | our name and case nun | | | | | ,, | |
| Part 1: List Yo | our Creditors Who Have | Secured Claims | | | | | |
| 1. For any creditorinformation be | | rt 1 of Schedule D | : Creditors \ | Who Have Claims Secu | red by Property | / (Official Form 106D), fi | ll in the |
| | editor and the property the | nat is collateral | What do y secures a | ou intend to do with the | ne property that | Did you claim the as exempt on Sch | |
| | | | Secures a | uest: | | as exempt on sci | ledule C: |
| Creditor's S | antander Consumer | Usa | ∏ Surren | der the property. | | ■ No | |
| name: | | | | the property and redeen | n it. | | |
| Description of | 2016 Toyota Coroll | а | | the property and enter in | nto a | ☐ Yes | |
| property | Santander Consum | ner USA | _ | rmation Agreement. the property and [explair | าไ: | | |
| securing debt: | Secured Lien \$15,4 | 71.00 | | and property and templan | .1. | | |
| | Son drives Vehicle | • | | | | _ | |
| Part 2: List Yo | our Unexpired Personal | Property Leases | | | | | |
| For any unexpire in the information | d personal property lea | ase that you listed I estate leases. Un | expired leas | ses are leases that are | still in effect; th | ed Leases (Official Form e lease period has not y 2). | |
| Describe your u | nexpired personal prop | erty leases | | | | Will the lease be assur | med? |
| Lessor's name: | | | | | | П м- | |
| Description of lea | ased | | | | | □ No | |

Official Form 108

Lessor's name:

Description of leased

Property:

Property:

Statement of Intention for Individuals Filing Under Chapter 7

☐ Yes

☐ No

☐ Yes

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| Deb | tor 1 Carolina B. De Leon | Case number (if known) |
|-----|---|---|
| | | |
| Les | sor's name: | □ No |
| | cription of leased | |
| Pro | perty: | ☐ Yes |
| | sor's name: | □ No |
| | cription of leased | |
| Pro | perty: | ☐ Yes |
| Les | sor's name: | □ No |
| | cription of leased | |
| Pro | perty: | ☐ Yes |
| | sor's name: | □ No |
| | cription of leased | |
| Pro | perty: | ☐ Yes |
| Les | sor's name: | □ No |
| | cription of leased | |
| Pro | perty: | ☐ Yes |
| Par | 3: Sign Below | |
| | | |
| | er penalty of perjury, I declare that I have indicated my intent erty that is subject to an unexpired lease. | tion about any property of my estate that secures a debt and any personal |
| X | /s/ Carolina B. De Leon | X |
| ^ | Carolina B. De Leon | X Signature of Debtor 2 |
| | Signature of Debtor 1 | <u>-</u> |
| | Date September 7, 2018 | Date |
| | | |

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-25311 Doc 1 Filed 09/07/18 Entered 09/07/18 15:11:26 Desc Main Document Page 52 of 59

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In r | e Carolina B. D | e Leo | n | | | Case I | No. | | |
|------|--|---|--|--|--|---|-------------------------|-----------------------|----------------|
| | | | | Г | Debtor(s) | Chapt | er | 7 | |
| | DIS | SCLO | OSURE OF CO | MPENSATIO | N OF ATTO | ORNEY FOR | DE | BTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | | | | |
| | For legal service | es, I h | ave agreed to accept | | | \$ | | 1,450.00 | |
| | | | his statement I have re | | | | | 400.00 | |
| | Balance Due | | | | | \$ | | 1,050.00 | |
| 2. | The source of the co | mpens | sation paid to me was: | : | | | | | |
| | Debtor | | Other (specify): | | | | | | |
| 3. | The source of comp | ensatio | on to be paid to me is: | | | | | | |
| | Debtor | | Other (specify): | | | | | | |
| 4. | ■ I have not agree | d to sh | nare the above-disclose | ed compensation witl | h any other perso | on unless they are r | nemb | ers and associates of | f my law firm. |
| | | | the above-disclosed control to the control to the above-disclosed control to the above-disclo | | | | | | aw firm. A |
| 5. | In return for the abo | ove-dis | sclosed fee, I have agre | eed to render legal se | rvice for all aspe | ects of the bankrup | tcy ca | se, including: | |
| | b. Preparation and c. Representation of d. [Other provision Negotiation agreement | filing of the days as new ons worth onto onto onto onto onto onto onto on | s financial situation, and of any petition, schedulebtor at the meeting of ededd] with secured creditor and applications as refers on household | ules, statement of affa of creditors and confin fors to reduce to m needed; preparation | airs and plan whi rmation hearing, narket value; e | ich may be required and any adjourned exemption plann | d; I heari ing; i | ings thereof; | tion |
| 6. | Represer | ntation | otor(s), the above-disci n of the debtors in other adversary pr | any dischargeabil | | | ance | s (except in Chap | oter 13 |
| | | | | CERTIFI | CATION | | | | |
| this | I certify that the forebankruptcy proceeding | | is a complete stateme | ent of any agreement | or arrangement t | for payment to me | for re | presentation of the d | ebtor(s) in |
| _ | September 7, 201 | 8 | | | s/ David M. Sie | | | | |
| Date | | | avid M. Siege ignature of Attor | | | | | | |
| | | | | | | ney I & Associates | | | |
| | | | | 79 | 90 Chaddick [| Orive | | | |
| | | | | | /heeling, IL 60 347) 520-8100 | 0090 | | | |

Name of law firm

Chapter 7 Bankruptcy Retainer Agreement

This Agreement acknowledges that the undersigned individuals(s)[Client(s)] hereby retains and employs the Law Firm of David M. Siegel & Associates, LLC [Attorney] for representation in a Chapter 7 bankruptcy case. In consideration for services rendered and to be rendered, the Client agrees to pay Attorney Fees, which may be divided into two portions, as follows:

- a) A FLAT FEE as specified in paragraph (i) will be required to complete both portions of bankruptcy representation. The fee includes all required court costs and filing fees, as well as compensation for Attorney's time and labor. The fee is immediate compensation for the firm's commitment to perform future services; the fee is property of the firm and may be deposited in the firm's operating or business account.
- b) Representation pursuant to Portion One shall begin upon execution of this Agreement. Once Client has paid at least \$400.00, has authorized an automatic payment plan arrangement and has completed all pre-bankruptcy filing requirements, the case is eligible for filing. Portion One fees include preparation, review, revision if necessary, communication with Client and all other work done prior to case filing. Portion One representation shall conclude immediately once the case is filed.
- c) Representation pursuant to Portion Two shall begin immediately after the case is filed. A separate Post-Petition Retainer Agreement shall be prepared and executed as soon as practicable after the case is filed. Portion Two fees include representation and appearance at the meeting of creditors, 2004 examination, if necessary, communication with the bankruptcy and United States' trustees, communication with creditors, review and completion of reaffirmation agreement(s) and court appearances. Portion Two representation shall conclude upon discharge or case closing. If the Client pays the entire fee before the case is filed, the attorney's representation will continue as stated above with no need for a Post-Petition Retainer Agreement.
- d) The fee **does not** include representation in any adversarial proceedings. The Client and Attorney may enter into an additional agreement to provide for representation in an adversarial proceeding. In the event that the case is converted to another Chapter, there may be an additional fee.
- e) Additional Fees in Portion Two of the representation may include: \$250.00 for missed 341 meeting; \$100.00 to amend Schedules D, E and F to include creditors who were not originally provided by Client; \$25.00 for any non-sufficient /returned checks; and \$820.00 to reopen a case and file the second credit counseling certificate if the Client fails to take the second credit counseling course and provide Attorney with the certificate in a timely fashion.
- f) In the event that a Client pays the flat fee in full and later elects to not proceed, the Client is entitled to a refund of the court costs and filing fees only.
- g) **Debts that are discharged**. The Chapter 7 discharge order eliminates a Client's legal obligation to pay a debt that is discharged. Most, but not all types of debts are discharged if the debt existed on the date the bankruptcy case was filed. (If this case was begun under a different

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Chapter of the Bankruptcy Code and converted to a Chapter 7, the discharge applies to debt owed when the bankruptcy case was converted.)

- h) **Debts that are not discharged**. Some of the common types of debts which are not discharged in a Chapter 7 case are: debts for most taxes; debts that are in the nature of alimony, maintenance or support; debts for student loans, debts for fines, penalties, forfeitures or criminal restitution obligations; debts for personal injuries or death caused by the Client's operation of a motor vehicle while intoxicated; some debts that are not properly listed by the Client; debts that the bankruptcy court specifically determines to be non-dischargeable; and debts for which the Client has given up the discharge protection by signing a reaffirmation agreement.
- i) The **FLAT FEE** for representation will be \$ 145000
- j) That Client authorizes Attorney to obtain Client's credit report.

Client acknowledges that he or she has read this Agreement in its entirety, understands it fully, had had an opportunity to ask questions regarding this Agreement, is satisfied with it, and accepts it in its entirety.

| Date: 8/27/18 | Signed: |
|----------------|--|
| | |
| Date: | Signed: |
| | Print: |
| Date: 8/27/) (| Signed: Attorney for David M. Siegel & Associates, LLC |

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United States Bankruptcy Court Northern District of Illinois

| In re | Carolina B. De Leon | | Case No. | | | |
|-------|--|---|----------------------------|------------------|--|--|
| | | Debtor(s) | Chapter 7 | | | |
| | VE | RIFICATION OF CREDITOR M | ATRIX | | | |
| | Number of Creditors: 35 | | | | | |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit | ors is true and correct to | o the best of my | | |
| Date: | September 7, 2018 | /s/ Carolina B. De Leon Carolina B. De Leon Signature of Debtor | | | | |

Bk Of Amer Po Box 982238 El Paso, TX 79998

Blitt and Gaines, P.C. Bankrupty Department 661 N. Glenn Ave. Wheeling, IL 60090

Cap One 15000 Capital One Dr Richmond, VA 23238

Cap One 10700 Capital One Way Richmond, VA 23060

Cavalry PO Box 520 Valhalla, NY 10595

Cavalry Portfolio Serv Po Box 27288 Tempe, AZ 85285

Chase Card Po Box 15298 Wilmington, DE 19850

Citibank N.A.
701 E. 60th St N
Sioux Falls, SD 57104-0432

Commerce Bank 1045 Executive Parkway D Saint Louis, MO 63141

Commonwealth Edison-Care Center Bankruptcy Department PO Box 6113 Carol Stream, IL 60197-6113

Credit One Bank Na Po Box 98875 Las Vegas, NV 89193 Credit Protection Asso 13355 Noel Rd Ste 2100 Dallas, TX 75240

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850

DMG Surgical Center, LLC 1593 Paysphere Circle Chicago, IL 60674

Dsnb Macys Po Box 8218 Mason, OH 45040

DuPage Medical Group 1100 W. 31st St Suite 300 Downers Grove, IL 60515

DuPage Valley Anesthesia PO Box 3872 Carol Stream, IL 60132-3872

Il Department of Employment Securit Benefit Repayments PO Box 19286 Springfield, IL 62794-9286

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Mandarich Law Group, LLP 420 N WABASH AVE Suite 400 Chicago, IL 60611-3542

Med Busi Bur 1460 Renaissance Drive Park Ridge, IL 60068 Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108

Nationwide Credit & Co 815 Commerce Dr Ste 270 Oak Brook, IL 60523

Nordstrom/td Bank Usa 13531 E Caley Ave Englewood, CO 80111

Portfolio Recov Assoc 120 Corporate Blvd Ste 1 Norfolk, VA 23502

Portfolio Recovery Associates, LLC PO Box 41067 Norfolk, VA 23541

Sanjay S Jutla/Allen Gunn Attorney at Law 55 E Jackson Blvd 16th Floor Chicago, IL 60604

Santander Consumer Usa Po Box 961245 Ft Worth, TX 76161

Short Term Loans 661 Roosevelt Rd. Glen Ellyn, IL 60137

Syncb/gapdc Po Box 965005 Orlando, FL 32896

Syncb/walmart Po Box 965024 Orlando, FL 32896

Synchrony Bank Attn: Bankruptcy Dept. PO Box 965060 Orlando, FL 32896-6060 Toyota Motor Credit Co Po Box 9786 Cedar Rapids, IA 52409

Von Maur 6565 Brady Davenport, IA 52806

World Financial Network Bank c/o Portfolio Recovery 120 Corporate Blvd., Ste. 100 Norfolk, VA 23502